

mental health societies and other interested organizations in California. Some amendments were agreed upon, within the framework of the original proposal, none of which would change the primary intent of the legislation.

Under the terms of the new laws, mental health services may be established in a county, with the state sharing the cost, where such services are set up and operated in conjunction with general hospitals. This requirement recognizes mental illness as a disease which should be treated as bodily illnesses are treated, in hospitals where recognized medical staffs are available.

County option will still prevail. There is no requirement that a county must establish these services, but if it chooses to do so, the state will share the cost with the county.

Underlying the entire philosophy of this program is the recognition by all concerned that many mental illnesses do not require custodial confinement but may be adequately treated in the patient's own community. Where such treatment is effective, the patient is saved the tribulations of confinement in a state institution and the state is saved the expense of building, staffing and maintaining large mental hospitals.

With the interest shown by so many organizations in the subject of mental health in the past two years, it is obvious that many counties will undertake this program and, on their own initiative, proceed to handle as much of the mental health case load at home as is possible. Medicine has a great stake in this program, in demonstrating the value of early and local treatment of many mental illnesses. Success of the program would doubtless spell an end to an ever-growing state program of mental hospital construction and operation, with its attendant centralization of authority and increase of costs.

Medical societies throughout California will be called upon to cooperate and to participate in these local programs and the profession has indicated every evidence of being ready to take its proper part. With the expressed interest of so many people, the community mental health program seems to be getting off to a fine start, with every prospect of success.

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## You and Your Mail

PHYSICIANS AS A CLASS plead guilty readily, almost enthusiastically, to being poor correspondents. In their busy offices they find little time to keep up with the daily mail, even to the extent of glancing through it to find out what it may contain.

In these circumstances, many physicians turn over

to their secretaries the task of opening and classifying the daily mail. And many secretaries, in turn, take pride in winnowing out everything that doesn't look important on the surface. This saves the physician's time.

Admittedly, physicians receive a lot of mail they don't want. Their names appear on many commercial mailing lists which open them up to solicitation for any number of products, merchandise or philanthropic causes. They receive drug samples without number, reprints of scientific articles in which they have no interest, advertising material and other pamphlets which end up in the wastebasket. This is par for the course.

Physicians also receive communications from their medical societies from time to time. Each society strives to keep its mailings to a minimum, both as a means of saving wear and tear on its members and of saving costs, but some mailings are inevitable.

The California Medical Association follows this policy and its mailings to its membership are kept to a bare minimum at all times. It does send out a monthly journal; it announces postgraduate training courses open to C.M.A. members; it sends *Newsletter*, a concise report on items of general interest in the field of better public relations for physicians; and from time to time it sends out up-to-date information on Medicare and on industrial medical and surgical fees.

Unfortunately, some office secretaries seem to regard anything bearing the C.M.A. name as just so much more advertising. Witness the girl (there are quite a few like her) who threw away, unopened, an envelope from the C.M.A. containing a check to reimburse her employer for expenses incurred in attending an official committee meeting. Or the secretary who disposed of a new industrial fee schedule and, thirty days later, wondered why her billings to employers and insurance carriers were snafu. These are but two of many examples.

During the next thirty days or so the C.M.A. will send out a new industrial fee schedule. It will also mail to all members new information on the Medicare program and fees. There may be additional mailings as well.

Since it costs about \$1,200 to make a simple letter mailing to all C.M.A. members, the Association does not undertake mailings lightly. When information which should be widely disseminated comes to hand, it is the Association's duty to communicate with its members and keep them advised.

When you see a C.M.A. envelope in your mail, you may count upon its containing something of value to the entire statewide membership. Your discrimination is urged when such missives drop through your mail slot.

Secretaries, please read.